

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **September 1-15, 2005**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application _____ Preapplication _____ ____ Construction _____ Construction _____ <u>X</u> Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier
3. Date Rec'd by State		State Application Identifier	
4. Date Rec'd by Federal		Federal Identifier I 98910004	
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		RECEIVED SEP 29 2005 STATE CLEARING HOUSE Organizational Unit: Division of Water Quality Name and telephone of person to be contacted on matters involving this application (give area code): James Maughan (916) 341-5522	
6. Employer Identification Number (EIN): 68-0281986		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
6. D U N S Number: 808321913		9. Name of Federal Agency: U. S. Environmental Protection Agency	
8. Type of Application: ____ New <u>X</u> Revision ____ Continuation If Revision, enter appropriate letter(s): <u>A</u> ____ <u>C</u> ____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		11. Descriptive Title of Applicant's Project: To establish and maintain adequate measures for prevention and control of surface and ground water pollution in California.	
10. Catalog of Federal Domestic Assistance Number 66.419 Title: Water Pollution Control State and Interstate Program Support (106 Grants)		14. Congressional District of: Applicant: Project: 3 California - All	
12. Area Affected by Project: (cities, counties, states, etc.) California		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <u>X</u> This application/preapplication was made available to the State EO 12372 process for review on: Date: September 29, 2005 b. NO: ____ Program is not covered by EO # 12372 ____ Program has not been selected by the state for review.	
13. Proposed Project: Start Date End Date 7/1/2003 6/30/2008		17. Is the applicant delinquent on any Federal debt? ____ YES, attach explanation <u>X</u> NO	
15. ESTIMATED FUNDING: a. Federal \$13,958,607 b. Applicant \$0 c. State \$17,814,772 d. Local \$0 e. Other -- USEPA "In-Kind" \$12,226,904 f. Program Income \$0 g. TOTAL \$44,000,283		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Typed Name of Authorized Representative Celeste Cantú		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed:	

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 28, 2005	Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: California Resources Agency			Organizational Unit: Department:	
Organizational DUNS: 025944209 807487277			Division:	
Address: Street: 1416 Ninth Street, Suite 1311			Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento			Prefix: Mr.	First Name: Christopher
County: Sacramento			Middle Name: Warren	
State: California			Last Name: Potter	
Zip Code: 95814			Suffix:	
Country:			Email: chris.potter@resources.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0298588			Phone Number (give area code) (916)654-0536	
			Fax Number (give area code) (916)653-8102	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <input type="checkbox"/> <input type="checkbox"/> Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) A. Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Demonstration of a Non-Regulatory Environmental Outcome 68-479			9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Evaluating California's "No Net Wetland Loss Policy": Demonstration of a Non-Regulatory Environmental Outcome Wetland Program	
13. PROPOSED PROJECT Start Date: 10/1/05 Ending Date: 9/30/08			14. CONGRESSIONAL DISTRICTS OF: a. Applicant D-05 b. Project Entire state (i.e., districts 1 - 53)	
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$	900,000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 9/26/05	
b. Applicant	\$	300,000	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$			
g. TOTAL	\$	1,200,000		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix: Mr.		First Name: Don		Middle Name:
Last Name: Wallace		Suffix:		
b. Title: Assistant Secretary for Finance and Administration		c. Telephone Number (give area code): (916) 653-9709		
d. Signature of Authorized Representative: <i>Don Wallace</i>		e. Date Signed: 6/28/05		

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JUN 29 2005

GMO, PMD-7

Standard Form 424 (Rev. 9-2003)
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PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Non-Construction														
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 09/29/05	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:														
2b. APPLICATION ID: 06SR056332	4. DATE RECEIVED: 09/29/05	GRANT NUMBER:														
5. APPLICATION INFORMATION																
LEGAL NAME: Ymca of Greater Whittier DUNS NUMBER: 089884592 ADDRESS (give street address, city, state and zip code): 12510 E. Hadley St Suite 203 Whittier CA 90601-3942		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Jerry Laiblin TELEPHONE NUMBER: (562) 907-6545 FAX NUMBER: (562) 698-2275 INTERNET E-MAIL ADDRESS: JLaiblinymca@hotmail.com														
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 951684795		7. TYPE OF APPLICANT: 7a. Non-Profit 7b. Community-Based Organization														
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> <p style="font-size: 1.5em; margin: 0;">RECEIVED</p> <p style="font-size: 1.2em; margin: 5px 0;">SEP 29 2005</p> <p style="margin: 0;">STATE CLEARING HOUSE</p> </div>														
9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service																
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002 10b. TITLE: Retired and Senior Volunteer Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: RSVP of Greater Whittier														
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): Downey, Norwalk, La Mirada, Pico Rivera, Santa Fe Springs, Whittier, La Habra, La Habra Heights, Pasadena, Monrovia, Arcadia and other cities in the North San Gabriel Riv																
13. PROPOSED PROJECT: START DATE: 01/01/06 END DATE: 12/31/08		14. PERFORMANCE PERIOD: START DATE: END DATE:														
15. ESTIMATED FUNDING: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">a. FEDERAL</td> <td style="width: 40%; text-align: right;">\$ 126,100.00</td> </tr> <tr> <td>b. APPLICANT</td> <td style="text-align: right;">\$ 155,657.00</td> </tr> <tr> <td>c. STATE</td> <td style="text-align: right;">\$ 33,000.00</td> </tr> <tr> <td>d. LOCAL</td> <td style="text-align: right;">\$ 33,000.00</td> </tr> <tr> <td>e. OTHER</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>f. PROGRAM INCOME</td> <td style="text-align: right;">\$ 89,657.00</td> </tr> <tr> <td>g. TOTAL</td> <td style="text-align: right;">\$ 281,757.00</td> </tr> </table>		a. FEDERAL	\$ 126,100.00	b. APPLICANT	\$ 155,657.00	c. STATE	\$ 33,000.00	d. LOCAL	\$ 33,000.00	e. OTHER	\$ 0.00	f. PROGRAM INCOME	\$ 89,657.00	g. TOTAL	\$ 281,757.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE:
a. FEDERAL	\$ 126,100.00															
b. APPLICANT	\$ 155,657.00															
c. STATE	\$ 33,000.00															
d. LOCAL	\$ 33,000.00															
e. OTHER	\$ 0.00															
f. PROGRAM INCOME	\$ 89,657.00															
g. TOTAL	\$ 281,757.00															
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> NO																
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Mike Blackmore	b. TITLE: President & CEO	c. TELEPHONE NUMBER: (562) 907-2727 d. DATE: 09/29/05														

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7.03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 9-27-05		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Legal Name: Shari Lee Jolley			Organizational Unit: Department:		
Organizational DUNS: 605701429			Division:		
Address: Street: 6001 W 2nd St			Name and telephone number of person to be contacted on matters involving this application (give area code): Prefix: Mrs. First Name: Shari		
City: Rio Linda			Middle Name: Lee		
County: Sacramento			Last Name: Jolley		
State: CA		Zip Code: 95673		Suffix:	
Country: USA			Email: sharilee@adl.com		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [5][5]-[2][7][3][0][1][2][9]			Phone Number (give area code): 916-991-4068		Fax Number (give area code):
7. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify):			7. TYPE OF APPLICANT: (See back of form for Application Types) m Other (specify):		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [5][9]-[0][0][9]			8. NAME OF FEDERAL AGENCY: Small Business Administration		
TITLE (Name of Program): Procurement Assistance To Small Businesses			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Delivery Service		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State:			14. CONGRESSIONAL DISTRICTS OF: a. Applicant: Rio Linda, CA b. Project:		
13. PROPOSED PROJECT Start Date: current Ending Date: on going			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes: <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No: <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING: a. Federal \$ b. Applicant \$ 50,000 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 50,000			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative Prefix: Mrs. First Name: Shari Last Name: Jolley			Middle Name: Lee Suffix:		
b. Title: Owner			c. Telephone Number (give area code): 916-991-4068		
d. Signature of Authorized Representative: <i>Shari Jolley</i>			e. Date Signed: 9-27-05		

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STATE CLEARING HOUSE

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 9-27-05	3. DATE RECEIVED BY STATE	Applicant Identifier
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		State Application Identifier
Legal Name: Shan Lee Jolley		Organizational Unit: Department:		Federal Identifier
Organizational DUNS: 805701429		Division:		
Address: Street: 6001 w 2nd st City: Rio Linda County: Sacramento State: CA Zip Code: 95673		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mrs. First Name: Shan Middle Name: Lee Last Name: Jolley Suffix:		
Country: USA		Email: shanslee@aol.com		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 55-2730128		Phone Number (give area code): 916-991-4068		Fax Number (give area code):
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify):		7. TYPE OF APPLICANT: (See back of form for Application Types) m Other (specify):		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 59-000		9. NAME OF FEDERAL AGENCY: Small Business Administration		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Delivery Service		
13. PROPOSED PROJECT Start Date: current Ending Date: on going		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: Rio Linda, CA b. Project: E		
15. ESTIMATED FUNDING: a. Federal \$ b. Applicant \$ 50,000 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 50,000		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE. b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If 'Yes' attach an explanation. <input checked="" type="checkbox"/> No		
9. Authorized Representative Prefix: Mrs. First Name: Shan Last Name: Jolley		c. Telephone Number (give area code): 916-991-4068		
b. Title: Owner		e. Date Signed: 9-27-05		
d. Signature of Authorized Representative: <i>Shan Jolley</i>				

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STATE CLEARING HOUSE

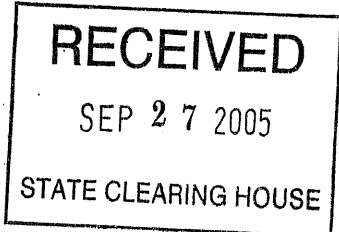
APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 9-27-05	Applicant Identifier	
3. DATE RECEIVED BY STATE		State Application Identifier		
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier		
5. APPLICANT INFORMATION				
Legal Name: Shari Lee Jolley		Organizational Unit: Department:		
Organizational DUNS: 805701428		Division:		
Address: Street: 6001 w 2nd st		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mrs. First Name: Shari Middle Name: Lee		
City: Rio Linda		Last Name: Jolley		
Country: Sacramento		Suffix:		
State: CA		Email: sharilee5@aol.com		
Zip Code: 95673		Phone Number (give area code): 916-991-4068		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 55-2730129		Fax Number (give area code):		
7. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify):		7. TYPE OF APPLICANT: (See back of form for Application Types) m Other (specify):		
8. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 5 9 0 0 5		9. NAME OF FEDERAL AGENCY: Small Business Administration		
10. TITLE (Name of Program): Business Development Assistance To Small Business		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Delivery Service		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State:		13. CONGRESSIONAL DISTRICTS OF: a. Applicant Rio Linda, CA b. Project 5		
13. PROPOSED PROJECT Start Date: current Ending Date: on going		14. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes, <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No, <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING: a. Federal \$ 00 b. Applicant \$ 50,000 c. State \$ 00 d. Local \$ 00 e. Other \$ 00 f. Program Income \$ 00 g. TOTAL \$ 50,000		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative Prefix: Mrs. First Name: Shari Middle Name: Lee Last Name: Jolley		b. Title: Owner c. Telephone Number (give area code): 916-991-4068 d. Date Signed: 9-27-05		

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APPLICATION FOR FEDERAL ASSISTANCE

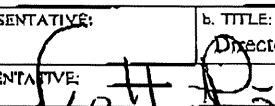
Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY		Applicant Identifier State Application Identifier Federal Identifier	
Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction					
5. APPLICANT INFORMATION					
Legal Name: Pratt Mutual Water Company			Organizational Unit: Department:		
Organizational DUNS: 622795896			Division:		
Address: Street: P.O. Box 598			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Paul Middle Name Last Name Boyer Suffix:		
City: Tulare			Email: paulb@selfhelpenterprises.org		
County: Tulare			Phone Number (give area code) (559) 651-1000 ext. 681		
State: CA Zip Code 93275			Fax Number (give area code) (559) 651-3634		
Country: United States			6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6079718		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) O Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760			9. NAME OF FEDERAL AGENCY: USDA Rural Development		
TITLE (Name of Program): Water and Waste Disposal Loan and Grant Program			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Pratt Mutual Water Company Water System Rehabilitation Project		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Matheny Tract, Tulare County, California					
13. PROPOSED PROJECT Start Date: June 2006 Ending Date: June 2007			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 21st b. Project 21st		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$ 1,458,000.00 b. Applicant \$.00 c. State \$.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$ 1,458,000.00			a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: 10px auto;"> RECEIVED SEP 26 2005 STATE CLEARING HOUSE </div>			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix		First Name Lenord		Middle Name	
Last Name Ogans		Suffix		c. Telephone Number (give area code) (559) 723-6580	
b. Title Board President		e. Date Signed		8-3-05	
d. Signature of Authorized Representative <i>Lenord Ogans</i>					

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED August 11, 2005	Applicant Identifier 04-314	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: CITY OF ROSEVILLE		Organizational Unit: Department: ENVIRONMENTAL UTILITIES		
Organizational DUNS: 076119643		Division: WATER DIVISION		
Address: 2005 HILLTOP CIRCLE		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street: HILLTOP CIRCLE		Prefix: MR.	First Name: DERRICK	
City: ROSEVILLE		Middle Name: H.		
County: PLACER		Last Name: WHITEHEAD		
State: CA	Zip Code: 95747	Suffix:		
Country: USA		Email: dwhitehead@roseville.ca.us		
6. EMPLOYER IDENTIFICATION NUMBER (BIN): 94-6000409		Phone Number (give area code) (916) 774-5770	Fax Number (give area code) (916) 774-5690	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) A Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) C - MUNICIPALITY Other (specify)		
10 CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606 TITLE (Name of Program):		9. NAME OF FEDERAL AGENCY: U.S. EPA, REGION 9		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc): CITY OF ROSEVILLE, CITY OF ROCKLIN		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: CITY OF ROSEVILLE WATER TANK REPLACEMENT PROJECT		
13. PROPOSED PROJECT Start Date: OCTOBER 1, 2004 Ending Date: JULY 1, 2006		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 4 TH DISTRICT b. Project 4 TH DISTRICT		
15. ESTIMATED FUNDING: a. Federal \$578,100 b. Applicant \$472,991 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$1,051,091		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: September 1, 2005 b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Authorized Representative				
Prefix MR.	First Name W.	Middle Name CRAIG		
Last Name ROBINSON		Suffix		
b. Title CITY MANAGER		c. Telephone Number (give area code) (916) 774-5353		
d. Signature of Authorized Representative 		e. Date Signed September 8, 2005		

PART I - FACESHEET

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 9/23/05		3. a. DATE RECEIVED BY STATE: 4. a. DATE RECEIVED BY CNCS:	1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Non-Construction
5. APPLICANT INFORMATION		3.b. STATE APPLICATION IDENTIFIER: 4.b. CNCS GRANT NUMBER:	
5a. LEGAL NAME: The University Corporation, CSU Northridge 5b. ORGANIZATIONAL DUNS: 055752331 5c. ADDRESS (give street address, city, county, state and zip code): 18111 Nordhoff St. Northridge, CA 91330-8232		5d. NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give direct codes): NAME: Maureen Rubin TELEPHONE NUMBER: (818) 677 - 7395 FAX NUMBER: (818) 677 - 5935 INTERNET E-MAIL ADDRESS: maureen.rubin@csun.edu WEBSITE: http://www.csun.edu/%7Eocls99/	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 - 1 9 9 2 7 3 2		7.a. TYPE OF APPLICANT: (enter appropriate letter in box) I A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Private Non-Profit Organization O. Other (specify) _____	
8. TYPE OF APPLICATION (Check appropriate box): <input checked="" type="checkbox"/> NEW <input type="checkbox"/> NEW/PREVIOUS GRANTEE <input type="checkbox"/> CONTINUATION <input type="checkbox"/> AMENDMENT If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. AUGMENTATION: <input type="checkbox"/> B. BUDGET REVISION: <input type="checkbox"/> C. NO COST EXTENSION: <input type="checkbox"/> to (enter date) D. OTHER (specify below): <input type="checkbox"/>		7.b. CNCS APPLICANT CHARACTERISTICS Enter appropriate code in each blank: _____ 9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 9 4 0 1 3 Name of Program AmeriCorps*VISTA		11. a. TITLE OF APPLICANT'S PROJECT: AmeriCorps VISTA's for the Center for Community Service-Learning at California State University, Northridge	
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc.): County of Los Angeles CA		11.b. CNCS PROGRAM INITIATIVE (IF ANY):	
13. PROPOSED PROJECT: START DATE: 11/01/2005 END DATE: 10/31/2006			
14. ESTIMATED FUNDING: Check applicable box: Yr 1: <input checked="" type="checkbox"/> Yr 2: <input type="checkbox"/> or Yr 3: <input type="checkbox"/> a. FEDERAL \$ 23,702 b. APPLICANT \$ 11,052 c. STATE \$ N/A d. LOCAL \$ N/A e. OTHER \$ N/A f. PROGRAM INCOME \$ N/A g. TOTAL \$ 34,754		15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 9/23/05 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
16. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input type="checkbox"/> NO			
17. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Scott Pérez		b. TITLE: Director of Research	
c. TELEPHONE NUMBER: 818-677-2901		d. DATE SIGNED: 9/23/05	
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE: 			

Modified Standard Form 424- (Rev. 11/02 to conform to the CNCS Grants system)
OMB Control #: 3045-0047

Expiration Date: 03/31/2005



APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 9-27-05		Applicant Identifier	
3. DATE RECEIVED BY STATE		3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: Shari Lee Jolley		Department:	
Organizational DUNS: 605701429		Division:	
Address: Street: 6001 w 2nd st		Name and telephone number of person to be contacted on matters involving this application (give area code): Prefix: First Name: Shari	
City: Rio Linda		Middle Name Lee	
County: Sacramento		Last Name Jolley	
State: CA		Suffix:	
Zip Code: 95673		Email: Sharians9@aol.com	
Country: USA		Phone Number (give area code): 916-991-4068	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [5][9]-[2][7][3][0][1][2][9]		Fax Number (give area code):	
7. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision (If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) M Other (specify):	
8. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [5][9]-[0][0][9]		9. NAME OF FEDERAL AGENCY: Small Business Administration	
10. TITLE (Name of Program): Business Development Assistance To Small Business		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Delivery service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Rio Linda, California b. Project 5	
13. PROPOSED PROJECT Start Date: Current Ending Date: Ongoing		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal: \$			
b. Applicant: \$ 50,000			
c. State: \$			
d. Local: \$			
e. Other: \$			
f. Program Income: \$			
g. TOTAL: \$ 50,000			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative		b. Telephone Number (give area code): 916-991-4068	
Prefix: First Name: Shari		c. Date Signed 9-27-05	
Last Name: Jolley		Middle Name: Lee	
b. Title:		Suffix:	
d. Signature of Authorized Representative <i>Shari Lee Jolley</i>			

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Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier 05-322	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION Legal Name: City of Santa Cruz Redevelopment Agency		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier BF-969489-01-0	
Organizational DUNS: 050515881		Organizational Unit: Department: Municipal		Division:	
Address: Street: 337 Locust Street		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Joe			
City: Santa Cruz, CA 95060		Middle Name Henry			
County: Santa Cruz		Last Name Hall			
State: California Zip Code 95060		Suffix:			
Country: U.S.A.		Email: jhall@ci.santa-cruz.ca.us			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000427		SEP 26 2005		Phone Number (give area code) 831-420-5154	
				Fax Number (give area code) 831-420-5151	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		STATE CLEARING HOUSE		7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Brownfields Assessment and Cooperation Agreement TITLE (Name of Program): 66-818		9. NAME OF FEDERAL AGENCY: Susanne Perkins, Region IX, EPA			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Santa Cruz		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Santa Cruz Brownfields Revolving Loan Fund			
13. PROPOSED PROJECT Start Date: 10/1/05 Ending Date: September 2010		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 17th b. Project			
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 1,000,000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 9/23/05			
b. Applicant	\$ 200,000	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372			
c. State	\$ 0	<input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
d. Local	\$ 0	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
e. Other	\$ 0	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
f. Program Income	\$ 0				
g. TOTAL	\$ 1,200,000				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Ms		First Name Ceil		Middle Name NMN	
Last Name Cirillo				Suffix	
b. Title Executive Director				c. Telephone Number (give area code) 831-420-5150	
d. Signature of Authorized Representative				e. Date Signed	

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APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 8/31/05	Applicant Identifier	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

5. APPLICANT INFORMATION	
Legal Name: Watts Cinema and Education Center, Inc.	Organizational Unit: Department Wattstar Theatre and Training Center
Organizational DUNS: 15-910-6843	Division: WCEC
Address: Street: 10124 S. Broadway, Suite 110-D	Name and telephone number of person to be contacted on matters involving this application (give area code)
City: Los Angeles	Prefix: Ms.
County: Los Angeles	First Name: Barbara
State: California	Middle Name Jeane
Zip Code: 90003	Last Name Stanton
Country: United States of America	Suffix:
Email: wattstar@aol.com	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4548513	Phone Number (give area code) (323) 757-7506
	Fax Number (give area code) (323) 757-7072
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) N. Other Other (specify) 501 (c)(3) Non-Profit
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-300	9. NAME OF FEDERAL AGENCY: U.S. Dept. of Commerce, Economic Development Administration (EDA)
TITLE (Name of Program): EDA Public Works Development Facilities Financial Assistance Grant	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Wattstar Theatre and Training Center
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Watts/Willowbrook Communities: City and County of Los Angeles, CA	
13. PROPOSED PROJECT Start Date: 4/2006	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 35th District
Ending Date: 12/2007	b. Project 35th, 37th and 39th Districts
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 1,800,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 9/2/2005
b. Applicant \$ 908,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 892,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$.00	
g. TOTAL \$ 3,600,000.00	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Representative	
Prefix Ms.	First Name Barbara
Last Name Stanton	Middle Name Jeane
b. Title Executive Director	Suffix
c. Telephone Number (give area code) (323) 757-7506	
d. Signature of Authorized Representative	e. Date Signed 8-31-05

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FEDERAL ASSISTANCE

8/31/05

AEEI

1. TYPE OF SUBMISSION**3. DATE RECEIVED BY STATE**

State Application Identifier

Application**Preapplication**☐ Construction☐ Construction☒ Non-Construction☐ Non-Construction**4. DATE RECEIVED BY FEDERAL AGENCY**

Federal Identifier

5. APPLICANT INFORMATION

Legal Name: University of California, Riverside

Organizational Unit: Environmental Sciences

Address (Give City, County, State, and Zip code):

200 University Office Building
Sponsored Projects Administration
Riverside, CA 92521-0217

Name and telephone number of the person to be contacted on matters involving this application (Give area code)

Mayela Castillo, Grant and Contract Analyst 951-827-4816

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

STATE CLEARING HOUSE

7. TYPE OF APPLICANT: (Enter appropriate letter in box)

8 5 - 9 0 5 1 7 8 0

I

8. TYPE OF APPLICATION☒ New☐ Continuation☐ Revision

If Revision, enter appropriate letter(s) in box(es):

☐ ☐

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration

Other (Specify) _____

A. State

H. Independent School District

B. County

I. State Control Instit. of Higher Learning

C. Municipal

J. Private University

D. Township

K. Indian Tribe

E. Interstate

L. Individual

F. Intermunicipal

M. Profit organization

G. Special District

N. Other (Specify) _____

9. NAME OF FEDERAL AGENCY: USDA Forest Service**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER**

1 0 - 6 6 4

TITLE: Cooperative Forestry Assistance

12. AREA AFFECTED BY PROJECT (Cities, counties, states, etc.)

California

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Soil physical, chemical and nutrient characterization relative to atmospheric nitrogen deposition.

13. PROPOSED PROJECT:

Start Date

End Date

8/15/05

8/15/06

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

44th Congressional District

b. Project

44th

15. ESTIMATED FUNDING

a. Federal

\$5,000

b. Applicant

\$ 2,475

c. State

\$

d. Local

\$

e. Other

\$

f. Program

\$

g. TOTAL

\$ 7,475

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?a. ☒ YES. This preapplication/application was made available to the State Executive Order 12372 Process for review on:

DATE: 9/13/05

b. NO. ☐ Program is not covered by E.O. 12372☐ or Program has not been selected by State for review**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**☐ YES - If "YES", attach an explanation.☒ NO**18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.**

a. Type Name of Authorized Representative

Mayela Castillo

b. Title

Contract and Grant Analyst

c. Telephone Number

951-827-4816

d. Signature of Authorized Representative

e. Date Signed

9-13-05

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APPLICATION FOR FEDERAL ASSISTANCE

Version 9/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 09/06/2005	Applicant Identifier NON-PROFIT ORGANIZATION
		3. DATE RECEIVED BY STATE []	State Application Identifier []
		4. DATE RECEIVED BY FEDERAL AGENCY []	Federal Identifier []

5. APPLICANT INFORMATION		Organizational Unit:															
* Legal Name: HANDICAPPER ADVOCACY ALLIANCE, INC.		Department: []															
* Organizational DUNS: 016515772		Division: []															
Address: * Street1: 1048 PIERPONT STE. 9&10 Street2: [] * City: LANSING County [] * State: MI * Zip Code: 48911-5976 * Country: USA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: [] * First Name: ELLEN Middle Name: [] * Last Name: WEAVER Suffix: [] * Email: EWEAVER@CACIL.ORG * Phone Number (give area code) 517-241-0408 Fax Number (give area code) []															
6. * EMPLOYER IDENTIFICATION NUMBER (EIN): 38-2154463		7. * TYPE OF APPLICANT: Institution (Other than Institution of H Other (specify) []															
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): []		9. * NAME OF FEDERAL AGENCY: U.S. Department of Education															
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE 84.132 TITLE: Centers for Independent Living		11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: "THE GREAT ESCAPE" COMMUNITY-BASED ALTERNATIVES TO INSTITUTIONALIZATION															
12. * AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): NATIONAL		<div style="border: 2px solid black; padding: 5px; transform: rotate(-5deg); text-align: center;"> RECEIVED SEP 9 2005 STATE CLEARING HOUSE </div>															
13. * PROPOSED PROJECT: * Start Date 01/01/2006 * Ending Date 12/30/2011																	
14. * CONGRESSIONAL DISTRICTS OF: * a. Applicant 8 * b. Project NATIONAL																	
15. * ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>* a. Federal</td> <td>\$ 153,699.00</td> </tr> <tr> <td>* b. Applicant</td> <td>\$ 0.00</td> </tr> <tr> <td>* c. State</td> <td>\$ 0.00</td> </tr> <tr> <td>* d. Local</td> <td>\$ 0.00</td> </tr> <tr> <td>* e. Other</td> <td>\$ 0.00</td> </tr> <tr> <td>* f. Program Income</td> <td>\$ 0.00</td> </tr> <tr> <td>j. TOTAL</td> <td>\$ 153,699.00</td> </tr> </table>		* a. Federal	\$ 153,699.00	* b. Applicant	\$ 0.00	* c. State	\$ 0.00	* d. Local	\$ 0.00	* e. Other	\$ 0.00	* f. Program Income	\$ 0.00	j. TOTAL	\$ 153,699.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <input checked="" type="checkbox"/> YES DATE 09/06/2005 b. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
* a. Federal	\$ 153,699.00																
* b. Applicant	\$ 0.00																
* c. State	\$ 0.00																
* d. Local	\$ 0.00																
* e. Other	\$ 0.00																
* f. Program Income	\$ 0.00																
j. TOTAL	\$ 153,699.00																
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																	
8. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																	
a. Authorized Representative Prefix: [] * First Name: ELLEN Middle Name [] * Last Name: WEAVER Suffix: [] * b. Title: EXECUTIVE DIRECTOR CACIL * c. Telephone Number (give area code): 517-241-0408 * Email: EWEAVER@CACIL.ORG Fax Number (give area code): 517-241-0438																	
Signature of Authorized Representative:		e. Date Signed: Completed on submission to Grants.gov															

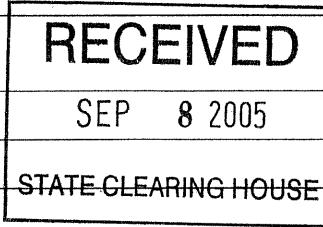
**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: California State University, Long Beach Foundation		Organizational Unit: Department: Biological Sciences	
Organizational DUNS: 006199129		Division: College of Natural Sciences and Mathematics	
Address: Street: 6300 State University Dr., Suite #332 City: Long Beach County: Los Angeles State: CA Country: USA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Dr. First Name: Esteban Middle Name: Last Name: Fernandez-Juricic Suffix:	
Zip Code 90815		Email: efernand@csulb.edu	



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6106694	Phone Number (give area code) (562) 985-7597	Fax Number (give area code) (562) 985-8878
---	--	--

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) N Other (specify) non-profit higher education auxiliary for state controlled university
---	--

9. NAME OF FEDERAL AGENCY: Department of the Interior-Bureau of Reclamation

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Unsolicited proposal	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Identification of individual and population level variation in Southwestern Willow Flycatcher (Empidonax traillii extimus) vocalizations: applications for tracking individuals in time and space
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Roosevelt Lake, Gila River, San Pedro River, Arizona and California

13. PROPOSED PROJECT Start Date: January 1, 2006 Ending Date: February 15, 2007	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 46th b. Project all related to #12
--	--

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 20,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: September 9, 2005
b. Applicant \$ 20,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 0.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 0.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$ 0.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$ 0.00	
g. TOTAL \$ 40,000.00	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative		
Prefix Dr.	First Name Elizabeth	Middle Name L.
Last Name Ambos		Suffix
b. Title Associate Vice President for Research and External Support		c. Telephone Number (give area code) (562) 985-5314
d. Signature of Authorized Representative		e. Date Signed

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 05-26-05	Applicant <i>for</i> N/A
		3. DATE RECEIVED BY STATE	State Applicant Identifier N/A
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier N/A


5. APPLICANT INFORMATION	
Legal Name: Santa Ana, City of	Organizational Unit:
Organizational DUNS: 08-315-3247	Division:
Address (give city, county, state, and zip code): 60 Civic Center Plaza Santa Ana, CA 92702	Name and telephone number of person to be contacted on matters involving this application (give area code) Name: Cpl. Anthony Bertagna Phone: (714) 245-8029

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 956000785	7. TYPE OF APPLICANT: (enter appropriate letter in box) C
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):	A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 5px; display: inline-block;"> 1 6 . 7 1 0 </div> TITLE: 2005 Technology Initiative	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: STAT-TRAC Technology Expansion
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): City of Santa Ana	

13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 12/08/2004	Ending Date 12/07/2005	a. Applicant 47th District - Loretta Sanchez 48th District - Christopher Cox	b. Project 47th District - Loretta Sanchez 48th District - Christopher Cox

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 09-08-05 b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 197329.00	
b. Applicant	\$.00	
c. State	\$.00	
d. Local	\$.00	
e. Other	\$.00	
f. Program Income	\$.00	
g. TOTAL \$ 197,329 .00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Typed Name of Authorized Representative Paul M. Walters	b. Title Chief of Police	c. Telephone number (714) 245-8001
d. Signature of Authorized Representative 		e. Date Signed 9-7-05

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 11, 2005	Applicant Identifier R-9 #05-215
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name:		Organizational Unit:	
City of Rialto		Department: Public Works	
Organizational DUNS: 083583849		Division: Utilities	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street: 335 West Rialto Avenue		Prefix: Mr.	First Name: Peter
City: Rialto		Middle Name Jon	
County: San Bernardino		Last Name Fox	
State: CA	Zip Code 92376	Suffix: N/A	
Country: United States of America		Email: pfox@rialtoca.gov	

RECEIVED

SEP 7 2005

STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

95-6000768

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)

C. Municipal Applicant

Other (specify)

9. NAME OF FEDERAL AGENCY:
U.S. Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

66-606

TITLE (Name of Program):
Consolidated Appropriations Act of 2005

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

City of Rialto

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Water Infrastructure Improvements - Water Main Replacement

13. PROPOSED PROJECT

Start Date:
October 2005

Ending Date:
October 2006

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant
42nd - Joe Baca, US Congressman

b. Project
42 - Joe Baca, US Congressman

15. ESTIMATED FUNDING:

a. Federal	\$	144,300.00
b. Applicant	\$	345,090.00
c. State	\$	0.00
d. Local	\$	0.00
e. Other	\$	0.00
f. Program Income	\$	0.00
g. TOTAL	\$	489,390.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE: September 6, 2005

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix Mr.	First Name Henry	Middle Name T.
Last Name Garcia	Suffix N/A	
b. Title City Administrator	c. Telephone Number (give area code) (909) 820-2689	
d. Signature of Authorized Representative	e. Date Signed September 6, 2005	

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 09/09/2005	Applicant Identifier N/A	
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier 06-01563	
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: California - Department of Parks and Recreation		Organizational Unit:		
Organizational DUNS: 172070807		Department: California Department of Park and Recreation		
Address: Street: PO Box 942896		Division: Office of Grants and Local Services		
City: Sacramento		Name and telephone number of person to be contacted on matters involving this application (give area code)		
County: Sacramento		Prefix: Ms. First Name: Betty		
State: California Zip Code 94296-0001		Middle Name		
Country: USA		Last Name Ettinger		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606		Email: betti@parks.ca.gov		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-916		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-049270		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: California Aqueduct Bikeway Development		
13. PROPOSED PROJECT Start Date: Ending Date:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 32		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 142,552.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$ 148,370.00	DATE: 9/7/05		
c. State	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$ 290,922.00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative				
Prefix Ms. First Name Ruth		Middle Name		
Last Name Coleman		Suffix		
b. Title Director, Parks and Recreation		c. Telephone Number (give area code) (916) 653-7423		
d. Signature of Authorized Representative		e. Date Signed		

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 08/17/2005	Applicant Identifier N/A
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier 06-01576
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: California - Department of Parks and Recreation		Organizational Unit: Department: California Department of Park and Recreation	
Organizational DUNS: 172070807		Division: Office of Grants and Local Services	
Address: Street: PO Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Betty	
City: Sacramento		Middle Name	
County: Sacramento		Last Name Ettinger	
State: California Zip Code 94296-0001		Suffix:	
Country: USA		Email: betti@parks.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606		Phone Number (give area code) (916) 651-8174	Fax Number (give area code) (916) 653-6511
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-916 TITLE (Name of Program): Land & Water Conservation Fund		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-00562		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Pleasanton Ridge Regional Park ACQ	
13. PROPOSED PROJECT Start Date: Ending Date:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 13	
15. ESTIMATED FUNDING: a. Federal \$ 200,000.00 b. Applicant \$ 730,000.00 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 930,000.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 08/05/2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Authorized Representative Prefix Ms. First Name Ruth Middle Name Last Name Coleman Suffix			
b. Title Director, Parks and Recreation		c. Telephone Number (give area code) (916) 653-7423	
d. Signature of Authorized Representative <i>Betty Ettinger</i>		e. Date Signed 8-17-05	

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 08/17/2005	Applicant Identifier N/A
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier 06-01587
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier	
Legal Name: California - Department of Parks and Recreation		Organizational Unit: Department: California Department of Park and Recreation	
Organizational DUNS: 172070807		Division: Office of Grants and Local Services	
Address: Street: PO Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix: Ms.	First Name: Betty
County: Sacramento		Middle Name	
State: California		Last Name Ettinger	
Zip Code 94296-0001		Suffix:	
Country: USA		Email: betti@parks.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606		Phone Number (give area code) (916) 651-8174	Fax Number (give area code) (916) 653-6511
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-916 TITLE (Name of Program): Land & Water Conservation Fund		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-53448		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Sears Park DEV	
13. PROPOSED PROJECT Start Date: Ending Date:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 22	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 50,435.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 08/05/2005	
b. Applicant	\$ 50,440.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 100,875.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative Prefix Ms. First Name Ruth Middle Name		Last Name Coleman Suffix	
b. Title Director, Parks and Recreation		c. Telephone Number (give area code) (916) 653-7423	
d. Signature of Authorized Representative Betty Ettinger		e. Date Signed 8-17-05	

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 08/17/2005	Applicant Identifier N/A
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier 06-01582
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: California - Department of Parks and Recreation		Organizational Unit: Department: California Department of Park and Recreation	
Organizational DUNS: 172070807	<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 7 2005 STATE CLEARING HOUSE </div>	Division: Office of Grants and Local Services	
Address: Street: PO Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix: Ms.	First Name: Betty
County: Sacramento		Middle Name	
State: California	Zip Code 94296-0001	Last Name Ettinger	
Country: USA	Suffix:		Email: betti@parks.ca.gov
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [68]-[0303606]		Phone Number (give area code) (916) 651-8174	Fax Number (give area code) (916) 653-6511
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [15]-[916] TITLE (Name of Program): Land & Water Conservation Fund		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-78890		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Tomaes Community Park DEV	
13. PROPOSED PROJECT Start Date: Ending Date:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 06	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 86,387.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 08/05/2005	
b. Applicant	\$ 86,388.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
g. TOTAL	\$ 172,775.00	a. Authorized Representative	
		Prefix Ms. First Name Ruth Middle Name	
		Last Name Coleman Suffix	
b. Title Director, Parks and Recreation		c. Telephone Number (give area code) (916) 653-7423	
d. Signature of Authorized Representative <i>Betty Ettinger</i>		e. Date Signed 8-17-05	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 08/17/2005	Applicant Identifier N/A
		3. DATE RECEIVED BY STATE	State Application Identifier 06-01586
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: California - Department of Parks and Recreation		Organizational Unit: Department: California Department of Park and Recreation	
Organizational DUNS: 172070807		Division: Office of Grants and Local Services	
Address: Street: PO Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Betty	
City: Sacramento		Middle Name	
County: Sacramento		Last Name Ettinger	
State: California	Zip Code 94296-0001	Suffix:	
Country: USA		Email: betti@parks.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606		Phone Number (give area code) (916) 651-8174	Fax Number (give area code) (916) 653-6511
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-916 TITLE (Name of Program): Land & Water Conservation Fund		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-66000		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Azalea Neighborhood Park Development	
13. PROPOSED PROJECT Start Date: Ending Date:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 53	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 70,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 08/05/2005	
b. Applicant	\$ 80,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
g. TOTAL	\$ 150,000.00	a. Authorized Representative Prefix Ms. First Name Ruth Middle Name Last Name Coleman Suffix	
b. Title Director, Parks and Recreation		c. Telephone Number (give area code) (916) 653-7423	
d. Signature of Authorized Representative <i>Betty Ettinger</i>		e. Date Signed 8-17-05	

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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 08/17/2005	Applicant Identifier N/A
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier 06-01579
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: California - Department of Parks and Recreation		Organizational Unit: Department: California Department of Park and Recreation	
Organizational DUNS: 172070807		Division: Office of Grants and Local Services	
Address: Street: PO Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix: Ms.	First Name: Betty
County: Sacramento		Middle Name	
State: California		Last Name Ettinger	
Zip Code 94296-0001		Suffix:	
Country: USA		Email: betti@parks.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [68]-[0303606]		Phone Number (give area code) (916) 651-8174	Fax Number (give area code) (916) 653-6511
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [15]-[916] TITLE (Name of Program): Land & Water Conservation Fund		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-41474		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Quail Meadows Trail Development	
13. PROPOSED PROJECT Start Date: Ending Date:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 04	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 94,775.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 08/05/2005	
b. Applicant	\$ 94,775.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 189,550.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Ms.	First Name Ruth	Middle Name	
Last Name Coleman		Suffix	
b. Title Director, Parks and Recreation		c. Telephone Number (give area code) (916) 653-7423	
d. Signature of Authorized Representative <i>Betty Ettinger</i>		e. Date Signed 8-17-05	

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APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 08/17/2005	Applicant Identifier N/A
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier 06-01589
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: California - Department of Parks and Recreation		Organizational Unit: Department: California Department of Park and Recreation	
Organizational DUNS: 172070807		Division: Office of Grants and Local Services	
Address: Street: PO Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix: Ms.	First Name: Betty
County: Sacramento		Middle Name	
State: California		Last Name Ettinger	
Zip Code 94296-0001		Suffix:	
Country: USA		Email: betti@parks.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [68]-[0303606]		Phone Number (give area code) (916) 651-8174	Fax Number (give area code) (916) 653-6511
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [15]-[916] TITLE (Name of Program): Land & Water Conservation Fund		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-72016		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Long Canyon Parkland Acquisition	
13. PROPOSED PROJECT Start Date: Ending Date:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 23	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 170,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 08/05/2005	
b. Applicant	\$ 508,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 678,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Ms.	First Name Ruth	Middle Name	
Last Name Coleman	Suffix		
b. Title Director, Parks and Recreation	c. Telephone Number (give area code) (916) 653-7423		
d. Signature of Authorized Representative	e. Date Signed 8-17-05		

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APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 08/17/2005	Applicant Identifier N/A
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier 06-01602
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation	Organizational Unit: Department: California Department of Park and Recreation
Organizational DUNS: 172070807	Division: Office of Grants and Local Services
Address: Street: PO Box 942896	Name and telephone number of person to be contacted on matters involving this application (give area code)
City: Sacramento	Prefix: Ms. First Name: Betty
County: Sacramento	Middle Name
State: California Zip Code: 94296-0001	Last Name Ettinger
Country: USA	Suffix:
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606	Email: betti@parks.ca.gov
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-916 TITLE (Name of Program): Land & Water Conservation Fund	9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-39003	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Flint Canyon Development
13. PROPOSED PROJECT Start Date: Ending Date:	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 28
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 125,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 08/05/2005
b. Applicant \$ 215,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.
g. TOTAL \$ 340,000.00	a. Authorized Representative
	Prefix Ms. First Name Ruth Middle Name
	Last Name Coleman Suffix
	b. Title Director, Parks and Recreation c. Telephone Number (give area code) (916) 653-7423
	d. Signature of Authorized Representative e. Date Signed 8-17-05

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**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 08/17/2005		Applicant Identifier N/A	
		3. DATE RECEIVED BY STATE		State Application Identifier 06-01599	
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION Legal Name: California - Department of Parks and Recreation			Organizational Unit: Department: California Department of Park and Recreation																							
Organizational DUNS: 172070807			Division: Office of Grants and Local Services																							
Address: Street: PO Box 942896 City: Sacramento County: Sacramento State: California Zip Code: 94296-0001 Country: USA			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Betty Middle Name: Last Name: Ettinger Suffix: Email: betti@parks.ca.gov																							
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606			Phone Number (give area code) (916) 651-8174		Fax Number (give area code) (916) 653-6511																					
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify):			7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify):																							
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Land & Water Conservation Fund 15-916			9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service																							
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-22804			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Elfin Forrest Recreational Reserve Development																							
13. PROPOSED PROJECT Start Date: Ending Date:			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 51																							
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>68,500.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>68,500.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>137,000.00</td> </tr> </table>			a. Federal	\$	68,500.00	b. Applicant	\$	68,500.00	c. State	\$		d. Local	\$		e. Other	\$		f. Program Income	\$		g. TOTAL	\$	137,000.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 08/05/2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
a. Federal	\$	68,500.00																								
b. Applicant	\$	68,500.00																								
c. State	\$																									
d. Local	\$																									
e. Other	\$																									
f. Program Income	\$																									
g. TOTAL	\$	137,000.00																								
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																										
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																										
a. Authorized Representative Prefix Ms. First Name Ruth Middle Name Last Name Coleman Suffix b. Title Director, Parks and Recreation c. Telephone Number (give area code) (916) 653-7423 d. Signature of Authorized Representative e. Date Signed 8-17-05																										

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 08/17/2005	Applicant Identifier N/A	
			3. DATE RECEIVED BY STATE	State Application Identifier 06-01598	
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: California - Department of Parks and Recreation			Organizational Unit: Department: California Department of Park and Recreation		
Organizational DUNS: 172070807			Division: Office of Grants and Local Services		
Address: Street: PO Box 942896			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Betty		
City: Sacramento			Middle Name		
County: Sacramento			Last Name Ettinger		
State: California Zip Code 94296-0001			Suffix:		
Country: USA			Email: betti@parks.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [68]-[0303606]			Phone Number (give area code) (916) 651-8174		Fax Number (give area code) (916) 653-6511
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [15]-[916] TITLE (Name of Program): Land & Water Conservation Fund			9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-82996			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Townsite Park Development		
13. PROPOSED PROJECT Start Date: Ending Date:			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 48		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	125,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 08/05/2005		
b. Applicant	\$	425,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$				
g. TOTAL	\$	550,000.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative Prefix Ms. First Name Ruth			Middle Name		
Last Name Coleman			Suffix		
b. Title Director, Parks and Recreation			c. Telephone Number (give area code) (916) 653-7423		
d. Signature of Authorized Representative <i>Betty Ettinger</i>			e. Date Signed 8-17-05		

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 08/17/2005	Applicant Identifier N/A
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier 06-01594
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			
5. APPLICANT INFORMATION			
Legal Name: California - Department of Parks and Recreation		Organizational Unit: Department: California Department of Park and Recreation	
Organizational DUNS: 172070807		Division: Office of Grants and Local Services	
Address: Street: PO Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix: Ms.	First Name: Betty
County: Sacramento		Middle Name	
State: California		Last Name Ettinger	
Zip Code 94296-0001		Suffix:	
Country: USA		Email: betti@parks.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606		Phone Number (give area code) (916) 651-8174	Fax Number (give area code) (916) 653-6511
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-916 TITLE (Name of Program): Land & Water Conservation Fund		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-70224		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Santee Lakes Development	
13. PROPOSED PROJECT Start Date: Ending Date:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 52	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 40,630.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 08/05/2005	
b. Applicant	\$ 64,785.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 105,415.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Ms.	First Name Ruth	Middle Name	
Last Name Coleman	Suffix		
b. Title Director, Parks and Recreation	c. Telephone Number (give area code) (916) 653-7423		
d. Signature of Authorized Representative	e. Date Signed		

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 08/17/2005	Applicant Identifier N/A
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier 06-01588
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier	
Legal Name: California - Department of Parks and Recreation		Organizational Unit: Department: California Department of Park and Recreation	
Organizational DUNS: 172070807		Division: Office of Grants and Local Services	
Address: Street: PO Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Betty	
City: Sacramento		Middle Name	
County: Sacramento		Last Name Ettinger	
State: California Zip Code: 94296		Suffix:	
Country: USA		Email: betti@parks.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [68]-[0303606]		Phone Number (give area code) (916) 651-8174 Fax Number (give area code) (916) 653-6511	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [15]-[916] TITLE (Name of Program): Land & Water Conservation Fund		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-22230		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Rio Hondo River Park Development	
13. PROPOSED PROJECT Start Date: Ending Date:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 32	
15. ESTIMATED FUNDING: a. Federal \$ 224,000.00 b. Applicant \$ 293,000.00 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 517,000.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 08/05/2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Authorized Representative Prefix Ms. First Name Ruth Middle Name Last Name Coleman Suffix		c. Telephone Number (give area code) (916) 653-7423	
b. Title Director, Parks and Recreation		e. Date Signed 8-17-05	
d. Signature of Authorized Representative			

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Prescribed by OMB Circular A-102

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 08/17/2005 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY	Applicant Identifier N/A State Application Identifier 06-01596 Federal Identifier																												
5. APPLICANT INFORMATION																															
Legal Name: California - Department of Parks and Recreation		Organizational Unit: Department: California Department of Park and Recreation																													
Organizational DUNS: 172070807		Division: Office of Grants and Local Services																													
Address: Street: PO Box 942896 City: Sacramento County: Sacramento State: California Zip Code: 94296-0001		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> RECEIVED SEP 7 2005 STATE CLEARING HOUSE </div>																													
Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Betty Middle Name Last Name Ettinger Suffix:																															
Email: betti@parks.ca.gov Phone Number (give area code) (916) 651-8174 Fax Number (give area code) (916) 653-6511																															
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606																															
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)																													
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-916 TITLE (Name of Program): Land & Water Conservation Fund		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service																													
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-62000		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Fairmount Park Development																													
13. PROPOSED PROJECT Start Date: Ending Date:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 42																													
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%;"></td> <td style="width:10%; text-align: right;">100,000.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td style="text-align: right;">100,000.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td></td> <td style="text-align: right;">200,000.00</td> </tr> </table>		a. Federal	\$		100,000.00	b. Applicant	\$		100,000.00	c. State	\$			d. Local	\$			e. Other	\$			f. Program Income	\$			g. TOTAL	\$		200,000.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 08/05/2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$		100,000.00																												
b. Applicant	\$		100,000.00																												
c. State	\$																														
d. Local	\$																														
e. Other	\$																														
f. Program Income	\$																														
g. TOTAL	\$		200,000.00																												
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																													
a. Authorized Representative Prefix Ms. First Name Ruth Middle Name Last Name Coleman Suffix b. Title Director, Parks and Recreation c. Telephone Number (give area code) (916) 653-7423 d. Signature of Authorized Representative e. Date Signed 8-17-05																															

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 08/17/2005	Applicant Identifier N/A
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier 06-01600
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: California - Department of Parks and Recreation		Organizational Unit: Department: California Department of Park and Recreation	
Organizational DUNS: 172070807		Division: Office of Grants and Local Services	
Address: Street: PO Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Betty	
City: Sacramento		Middle Name	
County: Sacramento		Last Name Ettinger	
State: California Zip Code 94296-0001		Suffix:	
Country: USA		Email: betti@parks.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606		Phone Number (give area code) (916) 651-8174	Fax Number (give area code) (916) 953-6511
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-916 TITLE (Name of Program): Land & Water Conservation Fund		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-62000		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: La Sierra Park Development	
13. PROPOSED PROJECT Start Date: Ending Date:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 42	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 149,994.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 08/05/2005	
b. Applicant	\$ 149,994.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 299,988.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative Prefix Ms. First Name Ruth		Middle Name	
Last Name Coleman		Suffix	
b. Title Director, Parks and Recreation		c. Telephone Number (give area code) (916) 653-7423	
d. Signature of Authorized Representative <i>Betty Ettinger</i>		e. Date Signed 8-17-05	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 08/17/2005	Applicant Identifier N/A
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier 06-01574
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: California - Department of Parks and Recreation		Organizational Unit: Department: California Department of Park and Recreation	
Organizational DUNS: 172070807		Division: Office of Grants and Local Services	
Address: Street: PO Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix: Ms.	First Name: Betty
County: Sacramento		Middle Name	
State: California		Last Name Ettinger	
Zip Code: 94296-0001	Suffix:		
Country: USA	Email: betti@parks.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [68]-[0303606]		Phone Number (give area code) (916) 651-8174	Fax Number (give area code) (916) 653-6511
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [15]-[916] TITLE (Name of Program): Land & Water Conservation Fund		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-64000		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Verano Creek Park Development	
13. PROPOSED PROJECT Start Date: Ending Date:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 05	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 150,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 08/05/2005	
b. Applicant	\$ 151,193.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 301,193.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Ms.	First Name Ruth	Middle Name	
Last Name Coleman	Suffix		
b. Title Director, Parks and Recreation	c. Telephone Number (give area code) (916) 653-7423		
d. Signature of Authorized Representative <i>Betty Ettinger</i>	e. Date Signed 8-17-05		

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 08/17/2005	Applicant Identifier N/A
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier 06-01584
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier	
Legal Name: California - Department of Parks and Recreation		Organizational Unit: Department: California Department of Park and Recreation	
Organizational DUNS: 172070807		Division: Office of Grants and Local Services	
Address: Street: PO Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix: Ms.	First Name: Betty
County: Sacramento		Middle Name	
State: California		Last Name Ettinger	
Zip Code: 94296-0001		Suffix:	
Country: USA		Email: betti@parks.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606		Phone Number (give area code) (916) 651-8174	Fax Number (give area code) (916) 653-6511
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-916 TITLE (Name of Program): Land & Water Conservation Fund		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-02042		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Volonte Park Development	
13. PROPOSED PROJECT Start Date: Ending Date:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 02	
15. ESTIMATED FUNDING: a. Federal \$ 45,000.00 b. Applicant \$ 45,000.00 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 90,000.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 08/05/2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Authorized Representative Prefix Ms. First Name Ruth Middle Name Last Name Coleman Suffix		c. Telephone Number (give area code) (916) 653-7423	
b. Title Director, Parks and Recreation		e. Date Signed 8-17-05	
d. Signature of Authorized Representative			

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 08/17/2005 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY	Applicant Identifier N/A State Application Identifier 06-01583 Federal Identifier
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5. APPLICANT INFORMATION Legal Name: California - Department of Parks and Recreation Organizational DUNS: 172070807 Address: PO Box 942896 City: Sacramento County: Sacramento State: California Zip Code 94296-0001 Country: USA		Organizational Unit: Department: California Department of Park and Recreation Division: Office of Grants and Local Services Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Betty Middle Name Last Name Ettinger Suffix: Email: betti@parks.ca.gov
---	--	---

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606	Phone Number (give area code) (916) 651-8174 Fax Number (give area code) (916) 653-6511
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8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-916 TITLE (Name of Program): Land & Water Conservation Fund	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Dubach Park Development
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-86328	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 01
--	---

13. PROPOSED PROJECT Start Date: Ending Date:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 08/05/2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
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15. ESTIMATED FUNDING: <table style="width:100%;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>450,000.00</td> </tr> </table>	a. Federal	\$									b. Applicant	\$									c. State	\$									d. Local	\$									e. Other	\$									f. Program Income	\$									g. TOTAL	\$								450,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
a. Federal	\$																																																																						
b. Applicant	\$																																																																						
c. State	\$																																																																						
d. Local	\$																																																																						
e. Other	\$																																																																						
f. Program Income	\$																																																																						
g. TOTAL	\$								450,000.00																																																														

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative Prefix Ms. First Name Ruth Middle Name Last Name Coleman Suffix b. Title Director, Parks and Recreation c. Telephone Number (give area code) (916) 653-7423 d. Signature of Authorized Representative e. Date Signed 8-7-05		

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 08/17/2005	Applicant Identifier N/A	
3. DATE RECEIVED BY STATE			State Application Identifier		
4. DATE RECEIVED BY FEDERAL AGENCY			Federal Identifier 06--01592		
5. APPLICANT INFORMATION					
Legal Name: California - Department of Parks and Recreation			Organizational Unit: Department: California Department of Park and Recreation		
Organizational DUNS: 172070807			Division: Office of Grants and Local Services		
Address: Street: PO Box 942896			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Sacramento			Prefix: Ms. First Name: Betty		
County: Sacramento			Middle Name		
State: California Zip Code: 94296-0001			Last Name Ettinger		
Country: USA			Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [68]-[0303606]			Email: betti@parks.ca.gov		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [15]-[916]			9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service		
TITLE (Name of Program): Land & Water Conservation Fund			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Culver West Park Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-17568			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 32		
13. PROPOSED PROJECT Start Date: Ending Date:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 08/05/2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING: a. Federal \$ 123,000.00 b. Applicant \$ 123,000.00 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 246,000.00			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative Prefix Ms. First Name Ruth Middle Name Last Name Coleman Suffix					
b. Title Director, Parks and Recreation			c. Telephone Number (give area code) (916) 653-7423		
d. Signature of Authorized Representative <i>Betty Ettinger</i>			e. Date Signed 8-17-05		

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 08/17/2005	Applicant Identifier N/A
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier 06-01575
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation		Organizational Unit: Department: California Department of Park and Recreation	
Organizational DUNS: 172070807		Division: Office of Grants and Local Services	
Address: Street: PO Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix: Ms.	First Name: Betty
County: Sacramento		Middle Name	
State: California		Last Name Ettinger	
Zip Code: 94296-0001	Suffix:		
Country: USA	Email: betti@parks.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [68]-[0303606]		Phone Number (give area code) (916) 651-8174	Fax Number (give area code) (916) 653-6511
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [15]-[916]		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-81204		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Charles F. Kennedy Park Dev.	
13. PROPOSED PROJECT Start Date: Ending Date:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 13	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 55,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 08/05/2005	
b. Applicant	\$ 55,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
g. TOTAL	\$ 110,000.00	a. Authorized Representative	
		Prefix Ms. First Name Ruth Middle Name	
		Last Name Coleman Suffix	
		b. Title Director, Parks and Recreation c. Telephone Number (give area code) (916) 653-7423	
		d. Signature of Authorized Representative e. Date Signed 8-17-05	

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**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 08/17/2005		Applicant Identifier N/A	
		3. DATE RECEIVED BY STATE		State Application Identifier 06-01585	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: California - Department of Parks and Recreation				Organizational Unit:	
Organizational DUNS: 172070807				Department: California Department of Park and Recreation	
Address: Street: PO Box 942896				Division: Office of Grants and Local Services	
City: Sacramento				Name and telephone number of person to be contacted on matters involving this application (give area code)	
County: Sacramento				Prefix: Ms. First Name: Betty	
State: California Zip Code: 94296-0001				Middle Name	
Country: USA				Last Name Ettinger	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606				Suffix:	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)				7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-916				9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service	
TITLE (Name of Program): Land & Water Conservation Fund				11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Pleasants Valley Park Acquisition	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-81554					
13. PROPOSED PROJECT Start Date: Ending Date:				14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 01 and 03	
15. ESTIMATED FUNDING:				16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal		\$ 200,000.00		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant		\$ 1,340,000.00		DATE: 08/05/2005	
c. State		\$		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local		\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other		\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income		\$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL		\$ 1,540,000.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Ms.		First Name Ruth		Middle Name	
Last Name Coleman				Suffix	
b. Title Director, Parks and Recreation				c. Telephone Number (give area code) (916) 653-7423	
d. Signature of Authorized Representative				e. Date Signed 8-17-05	
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**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 08/17/2005	Applicant Identifier N/A
		3. DATE RECEIVED BY STATE	State Application Identifier 06-01578
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION Legal Name: California - Department of Parks and Recreation		Organizational Unit: Department: California Department of Park and Recreation																						
Organizational DUNS: 172070807		Division: Office of Grants and Local Services																						
Address: Street: PO Box 942896 City: Sacramento County: Sacramento State: California Zip Code: 94296-0001 Country: USA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Betty Middle Name: Last Name: Ettinger Suffix: Email: betti@parks.ca.gov																						
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606		Phone Number (give area code) (916) 651-8174	Fax Number (give area code) (916) 653-6511																					
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify):		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify):																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-916 TITLE (Name of Program): Land & Water Conservation Fund		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service																						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-70742		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Wheeler Street Park Dev.																						
13. PROPOSED PROJECT Start Date: Ending Date:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 17																						
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>46,750.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>46,750.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>93,500.00</td> </tr> </table>		a. Federal	\$	46,750.00	b. Applicant	\$	46,750.00	c. State	\$		d. Local	\$		e. Other	\$		f. Program Income	\$		g. TOTAL	\$	93,500.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 08/05/2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	46,750.00																						
b. Applicant	\$	46,750.00																						
c. State	\$																							
d. Local	\$																							
e. Other	\$																							
f. Program Income	\$																							
g. TOTAL	\$	93,500.00																						
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix Ms. First Name Ruth Middle Name Last Name Coleman Suffix b. Title Director, Parks and Recreation c. Telephone Number (give area code) (916) 653-7423 d. Signature of Authorized Representative <i>Betty Ettinger</i> e. Date Signed 8-17-05		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																						

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Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 08/17/2005	Applicant Identifier N/A
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier 06-01581
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: California - Department of Parks and Recreation		Organizational Unit: Department: California Department of Park and Recreation	
Organizational DUNS: 172070807		Division: Office of Grants and Local Services	
Address: Street: PO Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Betty	
City: Sacramento		Middle Name	
County: Sacramento		Last Name Ettinger	
State: California Zip Code 94296-0001		Suffix:	
Country: USA		Email: betti@parks.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [68] - [0303606]		Phone Number (give area code) (916) 651-8174	Fax Number (give area code) (916) 653-6511
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [15] - [916]		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service	
TITLE (Name of Program): Land & Water Conservation Fund		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Elm Park Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-60620			
13. PROPOSED PROJECT Start Date: Ending Date:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 07	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 128,241.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 08/05/2005	
b. Applicant	\$ 128,241.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 256,482.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Ms.	First Name Ruth	Middle Name	
Last Name Coleman	Suffix		
b. Title Director, Parks and Recreation	c. Telephone Number (give area code) (916) 653-7423		
d. Signature of Authorized Representative <i>Betty Ettinger</i>	e. Date Signed 8-17-05		

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 08/17/2005	Applicant Identifier N/A
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01591
Legal Name: California - Department of Parks and Recreation		Organizational Unit: Department: California Department of Park and Recreation	
Organizational DUNS: 172070807		Division: Office of Grants and Local Services	
Address: Street: PO Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix: Ms.	First Name: Betty
County: Sacramento		Middle Name	
State: California		Last Name Ettinger	
Zip Code 94296-0001	Suffix:		
Country: USA	Email: betti@parks.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606		Phone Number (give area code) (916) 651-8174	Fax Number (give area code) (916) 653-6511
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-916 TITLE (Name of Program): Land & Water Conservation Fund		9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, National Park Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-69000		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Prentice Park Development	
13. PROPOSED PROJECT Start Date: Ending Date:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 47	
15. ESTIMATED FUNDING: a. Federal \$ 75,000.00 b. Applicant \$ 75,000.00 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 150,000.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 08/05/2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Authorized Representative Prefix Ms. First Name Ruth Middle Name Last Name Coleman Suffix		c. Telephone Number (give area code) (916) 653-7423	
b. Title Director, Parks and Recreation d. Signature of Authorized Representative <i>Betty Ettinger</i>		e. Date Signed 8-17-05	

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier	
5. APPLICANT INFORMATION Legal Name: UPPER RIDGE VOLUNTEER FIRE COMPANY		3. DATE RECEIVED BY STATE	State Application Identifier	
Organizational DUNS: 054180828		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
Address: Street: P.O. BOX 73		Organizational Unit: Department:		
City: MAGALIA		Division:		
County: BUTTE		Name and telephone number of person to be contacted on matters involving this application (give area code)		
State: CA		Prefix: MR. First Name: ROBERT		
Zip Code: 95954		Middle Name: EDWARD		
Country: UNITED STATES		Last Name: SCHOFIELD		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-0404105		Suffix:		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		Email: SCHOCAR@SRC-GLOBAL.NET		
Other (specify)		Phone Number (give area code): 530-873-4163		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-106		Fax Number (give area code): N/A		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): COUNTY		7. TYPE OF APPLICANT: (See back of form for Application Types) "O" NOT FOR PROFIT		
13. PROPOSED PROJECT Start Date: JUNE 06 Ending Date: SEPT 06 (Approx)		9. NAME OF FEDERAL AGENCY: USDA		
15. ESTIMATED FUNDING:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: UPGRADE AN EXISTING FIRE STATION THAT IS ALSO USED FOR SOME COMMUNITY EVENTS		
a. Federal	\$	14. CONGRESSIONAL DISTRICTS OF: a. Applicant SECOND DISTRICT b. Project SECOND DISTRICT		
b. Applicant	\$	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
d. Local	\$	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
e. Other	\$	a. Authorized Representative Prefix: MR. First Name: ROBERT Middle Name: EDWARD		
f. Program Income	\$	Last Name: SCHOFIELD Suffix:		
g. TOTAL	\$	c. Telephone Number (give area code): 530-873-4163		
19. SIGNATURE OF AUTHORIZED REPRESENTATIVE DATE: [Signature] DATE: [Signature]		e. Date Signed		

Tracking# 05-349

APPLICATION FOR
FEDERAL ASSISTANCE

2. DATE SUBMITTED

Version 7/03

1. TYPE OF SUBMISSION:

Application

Pre-application

☐ Construction☐ Construction☒ Non-Construction☐ Non-Construction

3. DATE RECEIVED

4. DATE RECEIVED

5. APPLICANT INFORMATION

Legal Name:

San Diego State University Research Foundation

Organizational Unit:

Department:
Graduate School of Public HealthDivision:
Occupational and Environmental HealthOrganizational DUNS:
073371346

Address:

Street:

5250 Campanile Drive

City:

San Diego

County:

San Diego

State:

CA

Zip Code

92182

Country:

U.S.A.

Name and telephone number of person to be contacted on matters
involving this application (give area code)

Prefix:

Dr

First Name:

Kathryn

Middle Name

C

Last Name

Dowling

Suffix:

Email:

kdowling@oehha.ca.gov

Phone Number (give area code)

510.622.2573

Fax Number (give area code)

510.622.3211

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

95-0042721

8. TYPE OF APPLICATION:

☒ New☐ Continuation☐ RevisionIf Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)

O. Not for Profit Organization 501 (c)(3)

Other (specify)

9. NAME OF FEDERAL AGENCY:

EPA - Norman Calero, EPA Project Officer

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

66-931

TITLE (Name of Program):

International Financial Assistance Projects

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

Imperial County, CA & Municipality of Mexicali, Baja California, Mexico

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Binational Surveillance of Disease Related to Air Pollution in Imperial County and the Municipality of Mexicali

13. PROPOSED PROJECT

Start Date:

10/1/05

Ending Date:

9/30/06

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

S3

b. Project

S1

15. ESTIMATED FUNDING:

a. Federal	\$	30,000
b. Applicant	\$	
c. State	\$	1,593
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	31,593

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. Yes. ☐ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE: 9/6/2005 faxed

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372☒ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation.☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix

Dr.

First Name

Thomas

Middle Name

R

Last Name

Scott

Suffix

b. Title

Interim Associate Vice President for Research

c. Telephone Number (give area code)

619.594.0905

d. Signature of Authorized Representative

e. Date Signed

5/26/05

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JUN 01 2005

GMO, PMD-7

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Preapplication <input type="checkbox"/> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED _____	Applicant Identifier _____
		3. DATE RECEIVED BY STATE _____	State Application Identifier _____
		4. DATE RECEIVED BY FEDERAL AGENCY _____	Federal Identifier _____

5. APPLICANT INFORMATION		Organizational Unit:	
* Legal Name: <u>Petaluma Ecumenical Properties</u> * Organizational DUNS: <u>027338032</u>		Department: _____ Division: _____	
Address: * Street1: <u>3920 Cypress Drive, Suite B</u> Street2: _____ * City: <u>Petaluma</u> County <u>Sonoma</u> * State: <u>CA</u> * Zip Code: <u>94954</u> * Country <u>USA</u>		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: _____ * First Name: <u>Mary</u> Middle Name: _____ * Last Name: <u>Stompe</u> Suffix: _____ * Email: <u>marys@pephousing.org</u> * Phone Number (give area code) <u>(707) 762-2336</u> Fax Number (give area code) <u>(707) 762-4657</u>	
6. * EMPLOYER IDENTIFICATION NUMBER (EIN): <u>94-2565270</u>		7. * TYPE OF APPLICANT: <u>Other (Other than Institution of Higher Education)</u> Other (specify): _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____		9. * NAME OF FEDERAL AGENCY: <u>US Department of Housing and Urban Development</u>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE <u>14.157</u> TITLE: <u>Supportive Housing for the Elderly</u>		11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>Casa Grande - 58-unit (57 + 1 Mgr unit) affordable senior rental housing targeted to very low and extremely low income elderly with rental assistance contract.</u>	
12. * AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>Petaluma, Sonoma County, California</u>			
13. * PROPOSED PROJECT: * Start Date <u>11/01/2006</u> * Ending Date <u>11/01/2047</u>		14. * CONGRESSIONAL DISTRICTS OF: * a. Applicant <u>6</u> * b. Project <u>6</u>	
15. * ESTIMATED FUNDING: * a. Federal \$ <u>6,429,281.00</u> * b. Applicant \$ <u>25,000.00</u> * c. State \$ <u>3,950,000.00</u> * d. Local \$ <u>2,072,500.00</u> * e. Other \$ <u>0.00</u> * f. Program Income \$ <u>0.00</u> g. TOTAL \$ <u>12,476,781.00</u>		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <input checked="" type="checkbox"/> YES DATE <u>09/02/2005</u> b. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative Prefix: _____ * First Name: <u>Mary</u> Middle Name: _____ * Last Name: <u>Stompe</u> Suffix: _____ * b. Title: <u>Executive Director</u> * c. Telephone Number (give area code): <u>(707) 762-2336</u> * Email: <u>marys@pephousing.org</u> Fax Number (give area code): <u>(707) 762-4657</u>			
d. Signature of Authorized Representative: <u>Mary Stompe</u>		e. Date Signed: <u>9/1/05</u>	

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RECEIVED
 SEP 06 2005
 STATE CLEARING HOUSE

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED August 5, 2005	Applicant Identifier	
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE July 28, 2005	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name:		Department:	
State of California		Department of Health Services	
Organizational DUNS: DHS 968257675		Division: Drinking Water and Environmental Management	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street: 1616 Capitol Avenue, P.O. Box 997413 MS 7400		Prefix:	First Name: Anne
City: Sacramento	<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 2 2005 STATE CLEARING HOUSE </div>	Middle Name M.	
County: Sacramento		Last Name Novak	
State: CA		Suffix:	
Country: United States	Zip Code 95899-7413	Email: anovak@dhs.ca.gov	

6. EMPLOYER IDENTIFICATION NUMBER (EIN):		Phone Number (give area code)		Fax Number (give area code)
68-0317191		916-449-5588		916-449-5575

8. TYPE OF APPLICATION:		7. TYPE OF APPLICANT: (See back of form for Application Types)	
<input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		A. State	
Other (specify)		Other (specify)	

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
TITLE (Name of Program): PWSS		California Drinking Water Regulatory Program. This grant is provided to augment the State's regulatory program of public water systems.	

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):		14. CONGRESSIONAL DISTRICTS OF:	
State of California		a. Applicant State of California	b. Project Statewide

13. PROPOSED PROJECT		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
Start Date: 10/01/05	Ending Date: 09/30/06	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
15. ESTIMATED FUNDING:		DATE:	
a. Federal	\$ 6,251,300.00	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
b. Applicant	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ 14,807,320.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$ 21,058,620.00		

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix	First Name Richard	Middle Name R.	
Last Name Bayquen		Suffix	
b. Title Chief Deputy Director		c. Telephone Number (give area code) 916-440-7400	
d. Signature of Authorized Representative		e. Date Signed 8/30/05	